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1615

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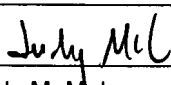
TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | | | |
|------------------------------------------|---|----------------------|-----------------------|
| Total Number of Pages in This Submission | 2 | Application Number | 10/057,839 |
| | | Filing Date | January 25, 2002 |
| | | First Named Inventor | Zalipsky et al. |
| | | Art Unit | 1615 |
| | | Examiner Name | Kishore, Gollamudi S. |

| ENCLOSURES (Check all that apply) | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Remarks 1. Transmittal (1 page) 2. Request for Withdrawal as Attorney (1 page) | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|-------------------------------------------------------------------------------------|----------|--------|
| Firm Name | Perkins Coie LLP | | |
| Signature |  | | |
| Printed name | Judy M. Mohr | | |
| Date | October 8, 2007 | Reg. No. | 38,563 |

Express Mail Label No. EM 099 802 932 US

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

| | |
|------------------------|-----------------------|
| Application Number | 10/057,839 |
| Filing Date | January 25, 2002 |
| First Named Inventor | Zalipsky et al. |
| Art Unit | 1615 |
| Examiner Name | Kishore, Gollamudi S. |
| Attorney Docket Number | 55325-8167.US04 |

To: **Commissioner for Patents**
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

all the attorneys/agents of record.
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 the attorneys/agents associated with Customer Number 22918

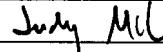
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: In an email dated 9/11/2007, the client has requested that this case be transferred to another law firm shown below.

CORRESPONDENCE ADDRESS

1. The correspondence address is NOT affected by this withdrawal.
2. Change the correspondence address and direct all future correspondence to:
 The address associated with Customer Number:

OR

| | | | | |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------|--------------|-----------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Robins & Pasternak LLP | | | |
| Address | 1731 Embarcadero Road, Suite 230 | | | |
| City | Palo Alto | State | CA | Zip 94303 |
| Country | US | | | |
| Telephone | 650-493-3400 | Email | | |
| Signature |  | | | |
| Name | Judy M. Mohr | Registration No. | 38,563 | |
| Date | October 8, 2007 | Telephone No. | 650-838-4300 | |

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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